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INDICATION FORM**

Application Number	10/022,618
Filing Date	Dec. 17, 2001
First Named Inventor	Hennig
Title	Methods for Specifically Detecting
Art Unit	1642
Examiner Name	S. Unger
Attorney Docket Number	2001P56011US

I hereby revoke all previous powers of attorney given in the above-identified application.

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28524

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>S. Unger</i>	Date	74.07.2008
Name	STEFAN WOLF	Telephone	+49619677121188
Title and Company	VP MECHANICAL & GM GERMANY of Siemens Medical Solutions Diagnostics GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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